Conclusion: Discussion around transition in IBD care is not happening at home or with providers. Accordingly, most youth and their families have no plan for this process. Our data agree with other research indicating that youth and their caregivers view transition more as an event and less as a process (e.g., transition discussions and transfer to adult care around the same age 17 to 18). This is highlighted by the finding that youth/caregiver dyads reported that seeing the physician alone should happen just before transition. As a whole, our data indicate that youth and their families are underprepared for transition care and the expectation that similar support services will be offered in adult care. This leaves them vulnerable to a lapse in medical care, unmanaged flares, and negative consequences of drug holidays. Interestingly, youth and their families are worried about the transition from pediatric to adult IBD care and are interested in receiving this information in person, reinforcing that this information should be incorporated into routine care and is best received from their IBD providers.

P017
INFLAMMATORY BOWEL DISEASE: YOUTH BELIEFS AND BARRIERS TO TRANSITION
Eryn Beeson, Heather MacKay, Jackyll Stellway Beard, Jennifer Paternostro, Henry Lin, Michael Harris

Introduction: Transitioning from pediatric to adult care remains a vulnerable time for all youth, especially those with inflammatory bowel disease (IBD). While the medical community recognizes this, it is still an understudied phenomenon and youth is not typically a focus of transition. Our mixed methods study is unique in that it comprehensively assesses youth/caregiver understanding and priorities through interviews and surveys surrounding the transition process for youth with IBD.

Methods: This is a prospective chart review. English speaking youth with IBD ages 12–25 and their caregivers at a tertiary care center were given the Transition Barriers and Beliefs scale (TBAB). Data were analyzed by descriptive statistics and frequencies. A subgroup of youth/caregiver dyads from the above sample were asked to discuss nutrition in IBD.

Results: 89 (50 informational, 39 academic) met the inclusion criteria. No websites were commercial or personal. 49 (55%) websites discussed nutrition as a treatment modality. Enteral nutrition was discussed in 38 (77.6%), probiotics in 22 (44.9%), parenteral nutrition in 21 (42.9%), elimination diet in 19 (38.8%), and low FODMAP diet in 15 (30.6%). Academic resources discussed specific nutritional therapy more often than informational resources (82.1% and 45.0%, respectively; p<0.003) (Figure 1). Academic resources acknowledged areas of uncertainty more frequently than informational resources (64.1% and 30.0%, respectively; p=0.024). Academic resources cited references significantly more often than informational resources (80.9% and 10.6%, respectively; p<0.0001).

Discussion: This study shows that the most commonly discussed nutritional therapy was enteral feedings (77.6%), followed by probiotics (44.9%), parenteral feeding (42.9%), elimination diet (38.8%), and the low FODMAP diet (30.6%). Academic websites discussed dietary options significantly more than informational websites. These results suggest that there is a paucity in consumer-oriented literature regarding nutrition in IBD. Academic websites are the primary online resources for information about nutrition in IBD, discuss areas of uncertainty, and offer references, as patients with IBD are increasingly utilizing the Internet for recommendations regarding disease management. It is important that both academic and informational online IBD resources provide comprehensive nutritional information to enhance patient education.